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PAT	ENT APPLI	CATION FE	E DETERM	INATIO	N REC	ion of infor	mation ur	less it disp	DEPARTME	NT OF COMME DMB control nu	
Substitute for Form PTO-875  CLAIMS AS FILED - PART I								Application or Docket Number			
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FOR BASIC FEE	NUMBE	NUMBER FILED			SMALL E		NTITY		SM/	HER THAN ALL ENTITY	
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INDEPENDENT CLAIMS (37 CFR 1.16(b))					X 3	_=		OR	X S		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					X \$			OR	x s =		
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FIRST PRESENTATION OF MU	TIPLE DEPENDENT	CLAIM (37 CE	R 1 16(d)	× \$ 10			OR	× \$ Z0	0		
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"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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